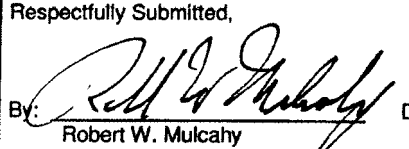


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Parkhe, et al. Application No: 10/786/876 Confirmation No: 1903 Filed: February 24, 204 Title: COATING FOR REDUCING CONTAMINATION OF SUBSTRATES DURING PROCESSING	Art Unit: 1792 Examiner: Moore, Karla A Attorney Docket No: 008850 USA/MDP/COPPER/SC January 28, 2010 San Francisco, CA 94107
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Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136		
Via EFS <input type="checkbox"/> Response to Office Action <input type="checkbox"/> Drawing <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Modified PTO-SB/08 Form(s) <input checked="" type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> (2) Postcards for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$130.00	\$65.00
	<input type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
	Total \$ 0.00 <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	13	57	0	\$52.00	\$26.00	\$0.00
Independent Claims	2	12	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						\$180.00
Total						\$180.00

Fee Payment Extension Fee \$0.00 Fee under § 1.17(p) \$180.00 Total \$180.00		Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-1074</u> in the sum of <u>\$180.00</u> .		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to (571) 273-8300, or electronically submitted via EFS on the date shown below: By: <u>Steven Metz</u> Date: <u>January 28, 2010</u>		Respectfully Submitted,  By: <u>Robert W. Mulcahy</u> Date: <u>January 28, 2010</u> Registration No. 25,436

